Entry Blank—Please Type or Print

Ms./Artist KYLE MATTHEW DICK
(last name last)
Address 833 BEECHWOOD OR TALLMADGE
Street City
44278 Daytime Tel. (216)633-7836 Zip area
Temporary or Studio Address 1500 W Mount ROYAL AVE # 2 BALTIMORE, M. Street City
21217 Daytime Tel. (410) 669-5997
Zip
If you do not presently live in one of the counties of the Western Reserve, in which county were you born?
Collaborator (if any)
If May Show entries are not accepted or are not sold: ☑ Artist will pick up at Museum. ☐ Museum should dispose of. ☐ Museum should ship to artist at artist's expense:
Street
Street
Street City State Zip
City State Zip
City State Zip Special Instructions Entry Blank must be completed in full and signed; forms received unsigned will not
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Entry Blanks

Detach entire portion along dotted line and submit with slides, but retain tags

	Specify category:		☐ Sculpture ☐ Graphics		☐ Grafts ☑ Photography/Sc ^V P		
Materials used (medi	a):						
Kodalith ple	xiglass, Copp	ser wire	2, WO	od.			
Title							
Kelly:	loggina	my 1	Mei	nory			
Price or NFS NFS	Insurance Va	alue		Size 30 × 25 × 3Z height x width x depth			
GRAPHICS AND PHOTOGRAPHY ONLY							
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B Specify □ Pain		□ Sculpt □ Graph		☐ Craf		hy/sculp	
Materials used (medi	a):						
3				and			
Rodalith, plexiglast, mirror, redwood.							
Title	, ,						
SELF + PO	rtrait						
Price or NFS NFS	Insurance Value If NFS Only			Size 52 x 44 x 3,5 height x width x depth			
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